

CITY OF ROUND ROCK, TEXAS
CITY OFFICIAL
FINANCIAL DISCLOSURE STATEMENT
FOR THE REPORTING PERIOD
2016
(Year)

RECEIVED
JAN 18 2017
Per _____

This form is required to be completed by every candidate who declares for any office of the City to be filled by election.

- ***This statement is due within fifteen (15) days of the date the candidate declares his candidacy.***
- This statement is required by Chapter 2, Article III of the Round Rock City Code. Please refer to section 2-120 for specific requirements and to section 2-117 for definition of terms.
- Where additional space is required, please attach separate pages.
- Please fill in all blanks. If a requested item does not apply, write "N/A."

FINANCIAL DISCLOSURE FOR: 2016

A. Name of Candidate: Will Peckham
Office Sought: Round Rock City Council Place 4
Residence Address: 2701 Wolkin Cove
Round Rock, TX 78681
Business Address: 407 Round Rock Ave
Round Rock, TX 78664
Telephone Numbers:
Home: ()
Work: (512) 255-4011
Cell: (512) 657-0145
Name of Spouse: Nikki Peckham

Name(s) of all dependent minor children: Jason Duvall
Melanie Duvall

Name(s) under which you, your spouse,
and/or your dependent minor children do
business: Round Rock Travel + Cruises

B. Identify by street address, and legal description, all real property located within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest.

1. Identification of property: 2701 Wolklin Cove
Round Rock, TX 78681

2. Identification of property: 407 Round Rock Ave
Round Rock, TX 78664

3. Identification of property: 2262 Fernspring Drive
Round Rock, TX 78665

4. Identification of property: N/A

5. Identification of property: N/A

(attach separate page if necessary)

SEPARATE PAGE

- B. Identify by street address, and legal description, all real property located within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest.

6. Identification of property: _____

7. Identification of property: _____

8. Identification of property: _____

9. Identification of property: _____

10. Identification of property: _____

C. Identify each business entity owning property or doing business within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest:

1. Name of entity: Travel Enterprises Inc, dba Travel + Cruises ^{Round Rock}
Address of entity's principal place of business: 407 Round Rock Ave
Round Rock, TX 78664
Type of entity (corporation, partnership, etc.): Corporation
Date of existence: 1981
State of incorporation (if applicable): Texas
Names of partners or trustees (if any): Will Peckham
2. Name of entity: N/A
Address of entity's principal place of business: _____
Type of entity (corporation, partnership, etc.): _____
Date of existence: _____
State of incorporation (if applicable): _____
Names of partners or trustees (if any): _____
3. Name of entity: N/A
Address of entity's principal place of business: _____
Type of entity (corporation, partnership, etc.): _____
Date of existence: _____
State of incorporation (if applicable): _____
Names of partners or trustees (if any): _____

(attach separate page if necessary)

SEPARATE PAGE

C. Identify each business entity owning property or doing business within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest:

4. Name of entity: _____
Address of entity's principal place of business: _____
Type of entity (corporation, partnership, etc.): _____
Date of existence: _____
State of incorporation (if applicable): _____
Names of partners or trustees (if any): _____
5. Name of entity: _____
Address of entity's principal place of business: _____
Type of entity (corporation, partnership, etc.): _____
Date of existence: _____
State of incorporation (if applicable): _____
Names of partners or trustees (if any): _____

6. Name of entity: _____
Address of entity's principal place of business: _____
Type of entity (corporation, partnership, etc.): _____
Date of existence: _____
State of incorporation (if applicable): _____
Names of partners or trustees (if any): _____

D. Identify each person or business entity to whom you, your spouse, or your dependent minor children owe a debt of \$10,000.00 or more, but not including debts owed to persons related within the second degree of consanguinity or affinity and excluding loans to a political campaign which were reported or required by law:

1. Name of person or business entity: Wells Fargo
Address: P.O. Box 659700 San Antonio, TX 78265
If repaid during reporting period, date of repayment: _____
2. Name of person or business entity: Wells Fargo Home Mortgage
Address: P.O. Box 14411 Des Moines, IA 50306
If repaid during reporting period, date of repayment: _____
3. Name of person or business entity: Chase
Address: P.O. Box 78420 Phoenix, AZ 85062
If repaid during reporting period, date of repayment: 6/29/16
4. Name of person or business entity: First Texas Bank
Address: P.O. Box 649 Georgetown, TX 78627
If repaid during reporting period, date of repayment: _____
5. Name of person or business entity: N/A
Address: _____
If repaid during reporting period, date of repayment: _____
6. Name of person or business entity: N/A
Address: _____
If repaid during reporting period, date of repayment: _____

(attach separate page if necessary)

SEPARATE PAGE

- D. Identify each person or business entity to whom you, your spouse, or your dependent minor children owe a debt of \$10,000.00 or more, but not including debts owed to persons related within the second degree of consanguinity or affinity and excluding loans to a political campaign which were reported or required by law:

7. Name of person or business entity: _____

Address: _____

If repaid during reporting period, date of repayment: _____

8. Name of person or business entity: _____

Address: _____

If repaid during reporting period, date of repayment: _____

9. Name of person or business entity: _____

Address: _____

If repaid during reporting period, date of repayment: _____

10. Name of person or business entity: _____

Address: _____

If repaid during reporting period, date of repayment: _____

11. Name of person or business entity: _____

Address: _____

If repaid during reporting period, date of repayment: _____

12. Name of person or business entity: _____

Address: _____

If repaid during reporting period, date of repayment: _____

E. Identify each source of income amounting to ten percent (10%) or more of your or your spouse's or your dependent minor children's gross annual income.

1. Name of source: Action Corporation
Source's address: 12365 Riata Trace Parkway Austin, TX 78727
Type of entity (if applicable): Software Company
Date entity came into existence (if applicable): 1980
State of incorporation (if applicable): CA
Names of partners or trustees (if applicable): _____

2. Name of source: CS Charles Schwab + CO, Inc.
Source's address: 211 Main St San Francisco, CA 94105
Type of entity (if applicable): Brokerage Firm
Date entity came into existence (if applicable): 1971
State of incorporation (if applicable): CA
Names of partners or trustees (if applicable): _____

3. Name of source: Round Rock Travel + Cruises
Source's address: 407 Round Rock Ave Round Rock, TX 78664
Type of entity (if applicable): Travel Company
Date entity came into existence (if applicable): 1981
State of incorporation (if applicable): TX
Names of partners or trustees (if applicable): Will Peckham

(attach separate page if necessary)

SEPARATE PAGE

E. Identify each source of income amounting to ten percent (10%) or more of your or your spouse's or your dependent minor children's gross annual income.

4. Name of source: CML Exploration, LLC

Source's address: P.O. Box 890 Snyder, TX 79550

Type of entity (if applicable): OIL

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

5. Name of source: N/A

Source's address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

6. Name of source: N/A

Source's address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

F. Identify the donor of each gift of more than one hundred fifty dollars (\$150.00) in value received by you or your spouse or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

1. Recipient of gift: N/A
Value of gift: _____
Name of source: _____
Address of source: _____
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

2. Recipient of gift: N/A
Value of gift: _____
Name of source: _____
Address of source: _____
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

(attach separate page if necessary)

SEPARATE PAGE

- F. Identify the donor of each gift of more than one hundred fifty dollars (\$150.00) in value received by you or your spouse or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

3. Recipient of gift: _____
Value of gift: _____
Name of source: _____
Address of source: _____
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

4. Recipient of gift: _____
Value of gift: _____
Name of source: _____
Address of source: _____
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

G. Identify the donor of two or more gifts of an accumulated value of six hundred dollars (\$600.00) or more received by you, your spouse, or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

1. Recipient of gift: N/A
Value of gift: _____
Name of source: _____
Address of source: _____
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

2. Recipient of gift: N/A
Value of gift: _____
Name of source: _____
Address of source: _____
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

(attach separate page if necessary)

SEPARATE PAGE

- G. Identify the donor of two or more gifts of an accumulated value of six hundred dollars (\$600.00) or more received by you, your spouse, or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

3. Recipient of gift: _____
Value of gift: _____
Name of source: _____
Address of source: _____

Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

4. Recipient of gift: _____
Value of gift: _____
Name of source: _____
Address of source: _____

Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

H. Identify all individuals or business entities that (1) you or a business entity in which you have a substantial interest have had business dealings involving one or more transactions of \$500.00 or more each, for a total of \$2,500.00 or more and (2) have appeared before and requested action of the City Council during the reporting period. (Identification shall include individuals who have an ownership interest of twenty-five percent (25%) or more in a business entity which you have had business dealings involving \$2,500.00 or more and who appeared before and requested some action on the part of the City Council, even though the action does not concern such business entity.)

1. Name of individual or business entity: N/A

Address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

2. Name of individual or business entity: N/A

Address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

(attach separate page if necessary)

SEPARATE PAGE

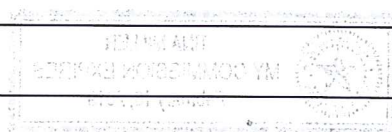
- H. Identify all individuals or business entities that (1) you or a business entity in which you have a substantial interest have had business dealings involving one or more transactions of \$500.00 or more each, for a total of \$2,500.00 or more and (2) have appeared before and requested action of the City Council during the reporting period. (Identification shall include individuals who have an ownership interest of twenty-five percent (25%) or more in a business entity which you have had business dealings involving \$2,500.00 or more and who appeared before and requested some action on the part of the City Council, even though the action does not concern such business entity.)

3. Name of individual or business entity: _____

Address: _____
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

4. Name of individual or business entity: _____

Address: _____
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____



Signed this 18th day of January, 2017.

[Signature]
(signature)

Will Peckham
(print or type name)

VERIFICATION

STATE OF TEXAS §
 §
COUNTY OF WILLIAMSON §

BEFORE ME, the undersigned Notary Public, on this day personally appeared

Will Peckham, known to me, and
after being duly sworn, stated on oath that the foregoing and attached Financial Disclosure for
2016 is within the knowledge of affiant and is true and correct.

SWORN TO AND SUBSCRIBED TO BEFORE ME on this 18th day of January, 2017.



[Signature]

Notary Public, State of Texas
Printed Name: Tina Miller

My Commission Expires: 2/16/19